This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet S Parts I-III Date/Time Prepared: 4/23/2017 10:39 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 4/23/2017 Time: 10:39 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by VISTA MEDICAL CENTER - EAST (14-0084) for the cost reporting period beginning 12/01/2015 and ending 11/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	209,827	-124,787	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
200.00	Total	0	209,827	-124,787	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet S-2 Part I Date/Time Prepared: 4/23/2017 10:37 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1324 NORTH SHERIDAN ROAD	PO Box:			1.00
2.00	City: WAUKEGAN	State: IL	Zip Code: 60085-	County: LAKE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	VISTA MEDICAL CENTER - EAST	140084	29404	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	12/01/2015	11/30/2016	20.00
21.00	Type of Control (see instructions)	4		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,835	2,290	35	64	8,624	226	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 4/23/2017 10:37 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 4/23/2017 10:37 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 4/23/2017 10:37 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00

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		V	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	164,821	503,511	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-2 Part I Date/Time Prepared: 4/23/2017 10:37 am

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	449008	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS	Contractor's Number: 52280	141.00
142.00	Street: 4000 MERIDIAN BLVD	PO Box:		142.00
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet S-2 Part I Date/Time Prepared: 4/23/2017 10:37 am

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	04/01/2016	06/29/2016	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-2 Part II Date/Time Prepared: 4/23/2017 10:37 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	03/16/2017	Y	03/16/2017	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-2 Part II Date/Time Prepared: 4/23/2017 10:37 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2015	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	AMBER		WALKER		41.00
42.00	Enter the employer/company name of the cost report preparer.	QUORUM HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 221-3646		MICHAEL_TEA@CHS.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet S-2 Part II Date/Time Prepared: 4/23/2017 10:37 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REVENUE MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part I Date/Time Prepared: 4/23/2017 10:37 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	167	61,122	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		167	61,122	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	23	8,418	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		190	69,540	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		190				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part I | Date/Time Prepared: 4/23/2017 10:37 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,980	1,959	36,112			1.00
2.00	HMO and other (see instructions)	3,252	9,148				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	14,980	1,959	36,112			7.00
8.00	INTENSIVE CARE UNIT	2,287	203	5,237			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,538	3,011			13.00
14.00	Total (see instructions)	17,267	4,700	44,360	0.00	784.66	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	784.66	27.00
28.00	Observation Bed Days		0	2,819			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	226	374			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part I | Date/Time Prepared: 4/23/2017 10:37 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,534	3,702	10,725	1.00
2.00	HMO and other (see instructions)			670	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,534	3,702	10,725	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part II Date/Time Prepared: 4/23/2017 10:37 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	52,735,247	0	52,735,247	1,632,097.00	32.31	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		281,600	504,688	786,288	20,245.20	38.84	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,064,122	0	1,064,122	15,674.72	67.89	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		151,534	0	151,534	1,065.10	142.27	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		5,239,687	0	5,239,687	154,056.00	34.01	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,632,488	0	10,632,488			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		149,327	0	149,327			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	353,614	0	353,614	6,480.00	54.57	26.00
27.00	Administrative & General	5.00	5,305,060	-504,978	4,800,082	177,355.80	27.06	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part II Date/Time Prepared: 4/23/2017 10:37 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,957,938	0	1,957,938	55,557.93	35.24	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	779,922	0	779,922	33,300.00	23.42	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,750,792	0	2,750,792	60,428.00	45.52	38.00
39.00	Central Services and Supply	14.00	444,120	0	444,120	27,876.00	15.93	39.00
40.00	Pharmacy	15.00	1,674,105	0	1,674,105	45,265.00	36.98	40.00
41.00	Medical Records & Medical Records Library	16.00	882,348	0	882,348	35,599.00	24.79	41.00
42.00	Social Service	17.00	1,452	0	1,452	859.00	1.69	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part III Date/Time Prepared: 4/23/2017 10:37 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		54,693,185	0	54,693,185	1,687,654.93	32.41	1.00
2.00	Excluded area salaries (see instructions)		281,600	504,688	786,288	20,245.20	38.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)		54,411,585	-504,688	53,906,897	1,667,409.73	32.33	3.00
4.00	Subtotal other wages & related costs (see inst.)		6,455,343	0	6,455,343	170,795.82	37.80	4.00
5.00	Subtotal wage-related costs (see inst.)		10,632,488	0	10,632,488	0.00	19.72	5.00
6.00	Total (sum of lines 3 thru 5)		71,499,416	-504,688	70,994,728	1,838,205.55	38.62	6.00
7.00	Total overhead cost (see instructions)		14,149,351	-504,978	13,644,373	442,720.73	30.82	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part IV Date/Time Prepared: 4/23/2017 10:37 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	893,106	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,795,458	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	52,626	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	54,379	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	1,150	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	185,482	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	705,138	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	3,064,134	17.00
18.00	Medicare Taxes - Employers Portion Only	716,612	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	276,217	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,744,302	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER BENEFITS	37,512	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-3 Part V Date/Time Prepared: 4/23/2017 10:37 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	1,064,122	10,744,302	1.00
2.00	Hospital	1,064,122	10,744,302	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet S-10 | Date/Time Prepared: 4/23/2017 10:37 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.102108	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	22,330,121	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	7,074,371	5.00
6.00	Medicaid charges	364,666,260	6.00
7.00	Medicaid cost (line 1 times line 6)	37,235,342	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	7,830,850	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	10,000	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	7,830,850	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	7,174,914	787,591	7,962,505	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	732,616	80,419	813,035	21.00
22.00	Partial payment by patients approved for charity care	33,645	-12,880	20,765	22.00
23.00	Cost of charity care (line 21 minus line 22)	698,971	93,299	792,270	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	16,423,687	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,061,635	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	15,362,052	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,568,588	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,360,858	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,191,708	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,985,248	2,985,248	-310,303	2,674,945	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,924,616	5,924,616	2,902,474	8,827,090	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	353,614	236,190	589,804	6,698,439	7,288,243	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,305,060	41,989,626	47,294,686	-8,360,406	38,934,280	5.00
7.00	00700	OPERATION OF PLANT	779,922	3,405,536	4,185,458	-37	4,185,421	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,032,141	1,032,141	0	1,032,141	8.00
9.00	00900	HOUSEKEEPING	0	2,460,183	2,460,183	0	2,460,183	9.00
10.00	01000	DIETARY	0	3,435,186	3,435,186	0	3,435,186	10.00
13.00	01300	NURSING ADMINISTRATION	2,750,792	1,003,672	3,754,464	-2,261	3,752,203	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	444,120	9,204,324	9,648,444	-8,691,303	957,141	14.00
15.00	01500	PHARMACY	1,674,105	6,542,727	8,216,832	-6,101,533	2,115,299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	882,348	1,397,130	2,279,478	0	2,279,478	16.00
17.00	01700	SOCIAL SERVICE	1,452	30	1,482	0	1,482	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,684,718	3,746,160	14,430,878	417,132	14,848,010	30.00
31.00	03100	INTENSIVE CARE UNIT	3,775,821	772,283	4,548,104	-1,985	4,546,119	31.00
40.00	04000	SUBPROVIDER - IPF	390	33	423	-423	0	40.00
41.00	04100	SUBPROVIDER - IRF	-100	-8	-108	108	0	41.00
43.00	04300	NURSERY	849,703	163,159	1,012,862	203,544	1,216,406	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,110,727	4,037,926	7,148,653	-847,914	6,300,739	50.00
51.00	05100	RECOVERY ROOM	1,625,507	145,507	1,771,014	0	1,771,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,628,081	677,250	2,305,331	-630,877	1,674,454	52.00
53.00	05300	ANESTHESIOLOGY	37,822	1,375,596	1,413,418	0	1,413,418	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,639,723	2,421,195	6,060,918	1,674,294	7,735,212	54.00
54.01	05401	ULTRASOUND	522,622	94,670	617,292	-617,292	0	54.01
56.00	05600	RADIOISOTOPE	269,816	377,457	647,273	-647,273	0	56.00
57.00	05700	CT SCAN	525,825	307,352	833,177	-833,177	0	57.00
58.00	05800	MRI	202,067	143,800	345,867	-345,867	0	58.00
60.00	06000	LABORATORY	3,390,530	4,577,575	7,968,105	-245,621	7,722,484	60.00
65.00	06500	RESPIRATORY THERAPY	936,184	463,136	1,399,320	-202,475	1,196,845	65.00
66.00	06600	PHYSICAL THERAPY	2,045,440	525,584	2,571,024	299,768	2,870,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	277,916	24,851	302,767	-302,767	0	67.00
68.00	06800	SPEECH PATHOLOGY	186,361	16,626	202,987	-202,987	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,731,479	1,112,302	2,843,781	-15,840	2,827,941	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,104,013	3,104,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,607,188	5,607,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,898,678	5,898,678	73.00
74.00	07400	RENAL DIALYSIS	0	840,594	840,594	0	840,594	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	157,596	19,866	177,462	0	177,462	76.02
76.03	03952	WOUND CARE	380,986	622,829	1,003,815	-1,003,815	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	13	13	-13	0	88.00
91.00	09100	EMERGENCY	4,283,310	5,171,037	9,454,347	980,492	10,434,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	276,092	231,858	507,950	0	507,950	95.00
101.00	10100	HOME HEALTH AGENCY	0	32	32	-32	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	-746	159	-587	587	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,729,283	107,485,451	160,214,734	-1,577,484	158,637,250	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	-3,998	-3,998	57,756	53,758	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	5,964	69,722	75,686	0	75,686	194.01
194.02	07952	MARKETING	0	0	0	1,379,659	1,379,659	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	140,069	140,069	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	52,735,247	107,551,175	160,286,422	0	160,286,422	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,062,540	3,737,485		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,097,129	6,729,961		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,264	7,276,979		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,144,113	21,790,167		5.00
7.00	00700	OPERATION OF PLANT	-298,030	3,887,391		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,032,141		8.00
9.00	00900	HOUSEKEEPING	-771,853	1,688,330		9.00
10.00	01000	DIETARY	-4,400	3,430,786		10.00
13.00	01300	NURSING ADMINISTRATION	-24,704	3,727,499		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	957,141		14.00
15.00	01500	PHARMACY	0	2,115,299		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,647	2,268,831		16.00
17.00	01700	SOCIAL SERVICE	0	1,482		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,056,421	12,791,589		30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,546,119		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	0	1,216,406		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-921,541	5,379,198		50.00
51.00	05100	RECOVERY ROOM	0	1,771,014		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,674,454		52.00
53.00	05300	ANESTHESIOLOGY	-1,125,000	288,418		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-34,512	7,700,700		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	7,722,484		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,196,845		65.00
66.00	06600	PHYSICAL THERAPY	0	2,870,792		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	-187,025	2,640,916		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,104,013		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,607,188		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,558	5,895,120		73.00
74.00	07400	RENAL DIALYSIS	0	840,594		74.00
76.00	03020	CARDIAC REHAB	0	0		76.00
76.02	03951	GUIDANCE	0	177,462		76.02
76.03	03952	WOUND CARE	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	-3,349,869	7,084,970		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-402,160	105,790		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-27,379,686	131,257,564		118.00
		NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	53,758		192.00
194.00	07950	CLINIC CORPORATION	0	0		194.00
194.01	07951	SENIOR CIRCLE	0	75,686		194.01
194.02	07952	MARKETING	0	1,379,659		194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	140,069		194.03
194.04	07954	ABBOTT RESEARCH	0	0		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-27,379,686	132,906,736		200.00

RECLASSIFICATIONS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-6 | Date/Time Prepared: 4/23/2017 10:37 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,698,439	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	6,698,439	
	B - RECLASS OXYGEN COSTS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	135,857	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	41	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	135,898	
	C - RECLASS LEASE AND RENTAL EXP				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,885,637	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	2,885,637	
	D - RECLASS OTHER CAPITAL COSTS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	150,396	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	293,466	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	16,837	3.00
	TOTALS		0	460,699	
	E - RECLASS MARKETING DEPT				
1.00	MARKETING	194.02	306,611	1,073,048	1.00
	TOTALS		306,611	1,073,048	
	F - RECLASS COST OF DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,898,678	1.00
	TOTALS		0	5,898,678	
	G - RECLASS LABOR & DELIVERY COSTS				
1.00	ADULTS & PEDIATRICS	30.00	220,378	200,311	1.00
2.00	NURSERY	43.00	99,864	110,324	2.00
	TOTALS		320,242	310,635	
	H - RECLASS PT, OT AND SP COSTS				
1.00	PHYSICAL THERAPY	66.00	464,277	41,477	1.00
2.00		0.00	0	0	2.00
	TOTALS		464,277	41,477	
	I - RECLASS MISC DEPTS				
1.00	ADULTS & PEDIATRICS	30.00	290	25	1.00
2.00	EMERGENCY	91.00	380,986	622,829	2.00
3.00	HOSPICE	116.00	746	0	3.00
4.00	SUBPROVIDER - IRF	41.00	100	8	4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	204	5.00
6.00		0.00	0	0	6.00
	TOTALS		382,122	623,066	
	J - RECLASS OTHER RADIOLOGY COSTS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,520,330	824,608	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		1,520,330	824,608	
	L - ALLOCATION TO VISTA WEST				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	58,298	0	1.00
2.00	VISTA MEDICAL CENTER WEST	194.03	140,069	0	2.00
	TOTALS		198,367	0	
	M - RECLASS MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,968,156	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,607,188	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	8,575,344	
500.00	Grand Total: Increases		3,191,949	27,527,529	500.00

RECLASSIFICATIONS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-6 | Date/Time Prepared: 4/23/2017 10:37 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,696,178	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	2,261	0		2.00
	TOTALS		0	6,698,439			
	B - RECLASS OXYGEN COSTS						
1.00	OPERATING ROOM	50.00	0	71,523	0		1.00
2.00	LABORATORY	60.00	0	31	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	64,344	0		3.00
	TOTALS		0	135,898			
	C - RECLASS LEASE AND RENTAL EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	379,668	10		1.00
2.00	OPERATION OF PLANT	7.00	0	37	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	127,746	0		3.00
4.00	PHARMACY	15.00	0	202,855	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,872	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,985	0		6.00
7.00	NURSERY	43.00	0	6,644	0		7.00
8.00	OPERATING ROOM	50.00	0	768,095	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	668,244	0		9.00
10.00	CT SCAN	57.00	0	98,671	0		10.00
11.00	LABORATORY	60.00	0	245,590	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	138,131	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	205,986	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	14,790	0		14.00
15.00	EMERGENCY	91.00	0	23,323	0		15.00
	TOTALS		0	2,885,637			
	D - RECLASS OTHER CAPITAL COSTS						
1.00		0.00	0	0	12		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	460,699	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	460,699			
	E - RECLASS MARKETING DEPT						
1.00	ADMINISTRATIVE & GENERAL	5.00	306,611	1,073,048	0		1.00
	TOTALS		306,611	1,073,048			
	F - RECLASS COST OF DRUGS						
1.00	PHARMACY	15.00	0	5,898,678	0		1.00
	TOTALS		0	5,898,678			
	G - RECLASS LABOR & DELIVERY COSTS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	320,242	310,635	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		320,242	310,635			
	H - RECLASS PT, OT AND SP COSTS						
1.00	OCCUPATIONAL THERAPY	67.00	277,916	24,851	0		1.00
2.00	SPEECH PATHOLOGY	68.00	186,361	16,626	0		2.00
	TOTALS		464,277	41,477			
	I - RECLASS MISC DEPTS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	746	0	0		1.00
2.00	SUBPROVIDER - IPF	40.00	390	33	0		2.00
3.00	WOUND CARE	76.03	380,986	622,829	0		3.00
4.00	HOSPICE	116.00	0	159	0		4.00
5.00	HOME HEALTH AGENCY	101.00	0	32	0		5.00
6.00	RURAL HEALTH CLINIC	88.00	0	13	0		6.00
	TOTALS		382,122	623,066			
	J - RECLASS OTHER RADIOLOGY COSTS						
1.00	ULTRASOUND	54.01	522,622	94,670	0		1.00
2.00	RADIOISOTOPE	56.00	269,816	377,457	0		2.00
3.00	CT SCAN	57.00	525,825	208,681	0		3.00
4.00	MRI	58.00	202,067	143,800	0		4.00
	TOTALS		1,520,330	824,608			
	L - ALLOCATION TO VISTA WEST						
1.00	ADMINISTRATIVE & GENERAL	5.00	198,367	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		198,367	0			
	M - RECLASS MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,563,598	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	1,050	0		2.00
3.00	OPERATING ROOM	50.00	0	8,296	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,400	0		4.00
	TOTALS		0	8,575,344			
500.00	Grand Total: Decreases		3,191,949	27,527,529			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-7 Part I | Date/Time Prepared: 4/23/2017 10:37 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	67,659	0	0	0	0	1.00
2.00	Land Improvements	4,117,527	0	0	0	0	2.00
3.00	Buildings and Fixtures	89,891,534	2,339	0	2,339	0	3.00
4.00	Building Improvements	23,450,749	523,236	0	523,236	0	4.00
5.00	Fixed Equipment	7,274,056	220,485	0	220,485	0	5.00
6.00	Movable Equipment	91,297,177	949,954	0	949,954	146,459	6.00
7.00	HIT designated Assets	18,515,778	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	234,614,480	1,696,014	0	1,696,014	146,459	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	234,614,480	1,696,014	0	1,696,014	146,459	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	67,659	0	1.00
2.00	Land Improvements	4,117,527	0	2.00
3.00	Buildings and Fixtures	89,893,873	0	3.00
4.00	Building Improvements	23,973,985	0	4.00
5.00	Fixed Equipment	7,494,541	0	5.00
6.00	Movable Equipment	92,100,672	0	6.00
7.00	HIT designated Assets	18,515,778	0	7.00
8.00	Subtotal (sum of lines 1-7)	236,164,035	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	236,164,035	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-7 Part II | Date/Time Prepared: 4/23/2017 10:37 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,985,248	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,924,616	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,909,864	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	2,985,248		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,924,616		2.00
3.00	Total (sum of lines 1-2)	0	8,909,864		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-7 Part III Date/Time Prepared: 4/23/2017 10:37 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	118,053,044	0	118,053,044	0.499877	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	118,110,991	0	118,110,991	0.500123	0	2.00
3.00	Total (sum of lines 1-2)	236,164,035	0	236,164,035	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,349,353	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,827,487	2,885,637	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,176,840	2,885,637	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	698,435	150,396	-460,699	0	3,737,485	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,837	0	0	6,729,961	2.00
3.00	Total (sum of lines 1-2)	698,435	167,233	-460,699	0	10,467,446	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-8 | Date/Time Prepared: 4/23/2017 10:37 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-104,890	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,111,521			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-2,480	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-6,398,490			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-4,400	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-3,558	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-10,647	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-5,756	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	289,688	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-2,476,020	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INSERVICE EDUCATION REVENUE	B	-5,000	NURSING ADMINISTRATION	13.00	0	33.00
34.00	FITNESS REVENUE	B	-59,312	ADMINISTRATIVE & GENERAL	5.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-8 | Date/Time Prepared: 4/23/2017 10:37 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	CARELINE REVENUE	B	-12,826	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	RENTAL INCOME	B	-26,213	CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
37.00	OTHER MISC REVENUE	B	-87,332	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00			0		0.00	0	38.00
39.00			0		0.00	0	39.00
40.00	NON-ALLOWABLE PHONE / TV	A	-55,096	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01	NON-ALLOWABLE PHONE / TV	A	-134,331	ADMINISTRATIVE & GENERAL	5.00	0	40.01
40.02	NON-ALLOWABLE PHONE / TV	A	-19,806	ADMINISTRATIVE & GENERAL	5.00	0	40.02
40.03	NON-ALLOWABLE PHONE / TV	A	-20,717	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.03
40.04	NON-ALLOWABLE PHONE / TV BENEFITS	A	-11,264	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.04
40.05	NON-ALLOWABLE PHONE / TV DEPREC	A	-1,383	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.05
41.00	PHYSICIAN RECRUITING	A	-267,629	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	STATE OPERATING TAX	A	-7,764,099	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	CLUB DUES AND LOBBYING	A	-68,194	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	LEGAL FEES	A	-534,810	ADMINISTRATIVE & GENERAL	5.00	0	44.00
44.01			0		0.00	0	44.01
44.02			0		0.00	0	44.02
44.03			0		0.00	0	44.03
44.04	AMBULANCE TRAINING	B	-402,160	AMBULANCE SERVICES	95.00	0	44.04
45.01	ALLOCATED SECURITY / PLANT OPS	A	-298,030	OPERATION OF PLANT	7.00	0	45.01
45.02	ALLOCATED HOUSEKEEPING	A	-771,853	HOUSEKEEPING	9.00	0	45.02
45.06	ALLOCATED EKG	A	-21,492	ELECTROCARDIOLOGY	69.00	0	45.06
45.07	ALLOCATED BUSINESS OFFICE FROM WEST	A	9,935	ADMINISTRATIVE & GENERAL	5.00	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,379,686				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-8-1 | Date/Time Prepared: 4/23/2017 10:37 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL RELATED INTER	698,435	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	1,077,124	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	72,426	0	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BUILDING & FIXTU	28,204	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL MOVABLE EQUIPMEN	389,625	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COST	4,689,895	11,242,370	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	668,332	4,547,242	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE CENTER ALLOCA	525,940	0	4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL COSTS	11,366	0	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	QHC SPECIFIC COSTS & OFFSET	1,229,775	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,391,122	15,789,612	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		0.00	COMMUNITY HEALTH SYSTEMS	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-8-1 | Date/Time Prepared: 4/23/2017 10:37 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	698,435	11		1.00
2.00	1,077,124	0		2.00
3.00	72,426	9		3.00
4.00	28,204	9		4.00
4.01	389,625	9		4.01
4.02	-6,552,475	0		4.02
4.03	-3,878,910	0		4.03
4.04	525,940	0		4.04
4.05	11,366	9		4.05
4.06	1,229,775	0		4.06
5.00	-6,398,490			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		6.00
7.00	COLLECTION AGENCY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet A-8-2 | Date/Time Prepared: 4/23/2017 10:37 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	441,421	441,421	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	60,682	0	60,682	177,200	481	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,056,421	2,056,421	0	0	0	3.00
4.00	50.00	OPERATING ROOM	921,541	921,541	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,125,000	1,125,000	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	32,032	32,032	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	165,533	165,533	0	0	0	7.00
8.00	91.00	EMERGENCY	3,349,869	3,349,869	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,152,499	8,091,817	60,682		481	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	40,978	2,049	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			40,978	2,049	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	441,421		1.00
2.00	13.00	NURSING ADMINISTRATION	0	40,978	19,704	19,704		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,056,421		3.00
4.00	50.00	OPERATING ROOM	0	0	0	921,541		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,125,000		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	32,032		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	165,533		7.00
8.00	91.00	EMERGENCY	0	0	0	3,349,869		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	40,978	19,704	8,111,521		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part I | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,737,485	3,737,485				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,729,961		6,729,961			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,276,979	57,486	108,679	7,443,144		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,790,167	434,360	821,171	682,068	23,727,766	5.00
7.00	00700	OPERATION OF PLANT	3,887,391	1,053,117	1,990,955	110,823	7,042,286	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,032,141	64,432	121,810	0	1,218,383	8.00
9.00	00900	HOUSEKEEPING	1,688,330	35,236	66,615	0	1,790,181	9.00
10.00	01000	DIETARY	3,430,786	114,058	215,631	0	3,760,475	10.00
13.00	01300	NURSING ADMINISTRATION	3,727,499	19,341	36,565	390,874	4,174,279	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	957,141	87,710	165,819	63,107	1,273,777	14.00
15.00	01500	PHARMACY	2,115,299	25,796	48,768	237,882	2,427,745	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,268,831	40,977	77,468	125,377	2,512,653	16.00
17.00	01700	SOCIAL SERVICE	1,482	3,362	6,355	206	11,405	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,791,589	590,600	1,116,548	1,549,578	16,048,315	30.00
31.00	03100	INTENSIVE CARE UNIT	4,546,119	105,631	199,699	536,525	5,387,974	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,216,406	19,303	36,492	134,929	1,407,130	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,379,198	206,980	391,302	442,019	6,419,499	50.00
51.00	05100	RECOVERY ROOM	1,771,014	25,343	47,912	230,976	2,075,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,674,454	65,575	123,972	185,837	2,049,838	52.00
53.00	05300	ANESTHESIOLOGY	288,418	6,915	13,073	5,374	313,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,700,700	200,387	378,838	733,218	9,013,143	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	7,722,484	82,783	156,503	481,777	8,443,547	60.00
65.00	06500	RESPIRATORY THERAPY	1,196,845	27,761	52,482	133,027	1,410,115	65.00
66.00	06600	PHYSICAL THERAPY	2,870,792	82,453	155,879	356,618	3,465,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,640,916	42,481	80,312	246,035	3,009,744	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,104,013	0	0	0	3,104,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,607,188	0	0	0	5,607,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,895,120	0	0	0	5,895,120	73.00
74.00	07400	RENAL DIALYSIS	840,594	0	0	0	840,594	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	177,462	0	0	22,394	199,856	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	7,084,970	166,179	314,167	662,773	8,228,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	105,790	0	0	39,231	145,021	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	131,257,564	3,558,266	6,727,015	7,370,648	131,002,903	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	53,758	0	0	8,178	61,936	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	75,686	1,558	2,946	847	81,037	194.01
194.02	07952	MARKETING	1,379,659	0	0	43,568	1,423,227	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	140,069	0	0	19,903	159,972	194.03
194.04	07954	ABBOTT RESEARCH	0	177,661	0	0	177,661	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	132,906,736	3,737,485	6,729,961	7,443,144	132,906,736	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part I | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,727,766					5.00
7.00	00700	OPERATION OF PLANT	1,530,493	8,572,779				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	264,790	251,929	1,735,102			8.00
9.00	00900	HOUSEKEEPING	389,058	137,773	0	2,317,012		9.00
10.00	01000	DIETARY	817,260	445,969	0	137,989	5,161,693	10.00
13.00	01300	NURSING ADMINISTRATION	907,192	75,624	0	23,399	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	276,829	342,947	47,761	106,112	0	14.00
15.00	01500	PHARMACY	527,619	100,862	0	31,208	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	546,072	160,220	0	49,574	0	16.00
17.00	01700	SOCIAL SERVICE	2,479	13,144	0	4,067	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,487,774	2,309,251	706,955	714,513	4,456,052	30.00
31.00	03100	INTENSIVE CARE UNIT	1,170,963	413,019	146,627	127,793	439,160	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	305,810	75,474	18,190	23,352	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,395,143	809,293	158,427	250,405	367	50.00
51.00	05100	RECOVERY ROOM	451,011	99,091	69,242	30,660	1,792	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	445,489	256,400	155,315	79,333	106,758	52.00
53.00	05300	ANESTHESIOLOGY	68,193	27,038	0	8,366	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,958,817	783,515	129,591	242,429	16,859	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	1,835,028	323,681	0	100,151	0	60.00
65.00	06500	RESPIRATORY THERAPY	306,459	108,544	4,504	33,585	0	65.00
66.00	06600	PHYSICAL THERAPY	753,206	322,391	388	99,752	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	654,105	166,102	31,819	51,394	26,046	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	674,592	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,218,605	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,281,181	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	182,685	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	43,435	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	1,788,202	649,763	266,283	201,045	114,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	31,517	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,314,007	7,872,030	1,735,102	2,315,127	5,161,693	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,460	0	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	17,612	6,092	0	1,885	0	194.01
194.02	07952	MARKETING	309,309	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	34,767	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	38,611	694,657	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	23,727,766	8,572,779	1,735,102	2,317,012	5,161,693	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part I Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
13.00	01300	NURSING ADMINISTRATION	5,180,494					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,047,426				14.00
15.00	01500	PHARMACY	0	10,851	3,098,285			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,776	0	3,270,295		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	31,095	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,129,119	104,795	0	298,782	25,362	30.00
31.00	03100	INTENSIVE CARE UNIT	737,176	56,144	0	67,383	3,640	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	185,389	12,057	0	14,423	2,093	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	607,326	246,800	0	621,094	0	50.00
51.00	05100	RECOVERY ROOM	317,357	3,505	0	60,019	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,337	25,686	0	19,798	0	52.00
53.00	05300	ANESTHESIOLOGY	7,384	32,273	0	17,501	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	64,079	0	661,532	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	145,668	0	313,615	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	25,423	0	56,843	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,861	0	62,365	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,101	0	190,174	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	403,387	0	30,534	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	762,040	0	100,713	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,098,285	361,580	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	13,295	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	30,768	148	0	1,105	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	910,638	96,250	0	379,539	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	7,798	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,180,494	2,043,642	3,098,285	3,270,295	31,095	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	228	0	0	0	194.01
194.02	07952	MARKETING	0	3,552	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,180,494	2,047,426	3,098,285	3,270,295	31,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part I | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	30,280,918	0	30,280,918		30.00
31.00	03100	INTENSIVE CARE UNIT	8,549,879	0	8,549,879		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
43.00	04300	NURSERY	2,043,918	0	2,043,918		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,508,354	0	10,508,354		50.00
51.00	05100	RECOVERY ROOM	3,107,922	0	3,107,922		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,393,954	0	3,393,954		52.00
53.00	05300	ANESTHESIOLOGY	474,535	0	474,535		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,869,965	0	12,869,965		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	11,161,690	0	11,161,690		60.00
65.00	06500	RESPIRATORY THERAPY	1,945,473	0	1,945,473		65.00
66.00	06600	PHYSICAL THERAPY	4,707,705	0	4,707,705		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,170,485	0	4,170,485		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,212,526	0	4,212,526		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,546	0	7,688,546		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,636,166	0	10,636,166		73.00
74.00	07400	RENAL DIALYSIS	1,036,574	0	1,036,574		74.00
76.00	03020	CARDIAC REHAB	0	0	0		76.00
76.02	03951	GUIDANCE	275,312	0	275,312		76.02
76.03	03952	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	12,634,468	0	12,634,468		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	184,336	0	184,336		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	129,882,726	0	129,882,726		118.00
		NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	75,400	0	75,400		192.00
194.00	07950	CLINIC CORPORATION	0	0	0		194.00
194.01	07951	SENIOR CIRCLE	106,854	0	106,854		194.01
194.02	07952	MARKETING	1,736,088	0	1,736,088		194.02
194.03	07953	VISTA MEDICAL CENTER WEST	194,739	0	194,739		194.03
194.04	07954	ABBOTT RESEARCH	910,929	0	910,929		194.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	132,906,736	0	132,906,736		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part II Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	57,486	108,679	166,165	166,165	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	434,360	821,171	1,255,531	15,226	5.00
7.00	00700	OPERATION OF PLANT	0	1,053,117	1,990,955	3,044,072	2,474	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	64,432	121,810	186,242	0	8.00
9.00	00900	HOUSEKEEPING	0	35,236	66,615	101,851	0	9.00
10.00	01000	DIETARY	0	114,058	215,631	329,689	0	10.00
13.00	01300	NURSING ADMINISTRATION	0	19,341	36,565	55,906	8,726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	87,710	165,819	253,529	1,409	14.00
15.00	01500	PHARMACY	0	25,796	48,768	74,564	5,310	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	40,977	77,468	118,445	2,799	16.00
17.00	01700	SOCIAL SERVICE	0	3,362	6,355	9,717	5	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	590,600	1,116,548	1,707,148	34,600	30.00
31.00	03100	INTENSIVE CARE UNIT	0	105,631	199,699	305,330	11,977	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	19,303	36,492	55,795	3,012	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	206,980	391,302	598,282	9,867	50.00
51.00	05100	RECOVERY ROOM	0	25,343	47,912	73,255	5,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	65,575	123,972	189,547	4,148	52.00
53.00	05300	ANESTHESIOLOGY	0	6,915	13,073	19,988	120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	200,387	378,838	579,225	16,368	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	82,783	156,503	239,286	10,755	60.00
65.00	06500	RESPIRATORY THERAPY	0	27,761	52,482	80,243	2,970	65.00
66.00	06600	PHYSICAL THERAPY	0	82,453	155,879	238,332	7,961	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,481	80,312	122,793	5,492	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	500	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	166,179	314,167	480,346	14,795	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	876	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,558,266	6,727,015	10,285,281	164,546	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	183	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	1,558	2,946	4,504	19	194.01
194.02	07952	MARKETING	0	0	0	0	973	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	444	194.03
194.04	07954	ABBOTT RESEARCH	0	177,661	0	177,661	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,737,485	6,729,961	10,467,446	166,165	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part II | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,270,757					5.00
7.00	00700	OPERATION OF PLANT	81,965	3,128,511				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,181	91,938	292,361			8.00
9.00	00900	HOUSEKEEPING	20,836	50,278	0	172,965		9.00
10.00	01000	DIETARY	43,768	162,750	0	10,301	546,508	10.00
13.00	01300	NURSING ADMINISTRATION	48,584	27,598	0	1,747	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,825	125,154	8,048	7,921	0	14.00
15.00	01500	PHARMACY	28,257	36,808	0	2,330	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,245	58,470	0	3,701	0	16.00
17.00	01700	SOCIAL SERVICE	133	4,797	0	304	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	186,808	842,727	119,121	53,337	471,796	30.00
31.00	03100	INTENSIVE CARE UNIT	62,711	150,725	24,706	9,540	46,497	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	16,378	27,543	3,065	1,743	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,717	295,340	26,695	18,693	39	50.00
51.00	05100	RECOVERY ROOM	24,154	36,162	11,667	2,289	190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,858	93,569	26,170	5,922	11,303	52.00
53.00	05300	ANESTHESIOLOGY	3,652	9,867	0	625	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,904	285,932	21,836	18,097	1,785	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	98,274	118,123	0	7,476	0	60.00
65.00	06500	RESPIRATORY THERAPY	16,412	39,612	759	2,507	0	65.00
66.00	06600	PHYSICAL THERAPY	40,338	117,652	65	7,446	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	35,030	60,616	5,361	3,837	2,758	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,128	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,262	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,613	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,784	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	2,326	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	95,767	237,122	44,868	15,008	12,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,688	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,248,598	2,872,783	292,361	172,824	546,508	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	721	0	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	943	2,223	0	141	0	194.01
194.02	07952	MARKETING	16,565	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	1,862	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	2,068	253,505	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,270,757	3,128,511	292,361	172,965	546,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part II Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
13.00	01300	NURSING ADMINISTRATION	142,561					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	410,886				14.00
15.00	01500	PHARMACY	0	2,178	149,447			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	356	0	213,016		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	14,956	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,586	21,031	0	19,407	12,198	30.00
31.00	03100	INTENSIVE CARE UNIT	20,287	11,267	0	4,377	1,751	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,102	2,420	0	937	1,007	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,714	49,529	0	40,343	0	50.00
51.00	05100	RECOVERY ROOM	8,734	703	0	3,899	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,027	5,155	0	1,286	0	52.00
53.00	05300	ANESTHESIOLOGY	203	6,477	0	1,137	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,860	0	43,562	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	29,233	0	20,371	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,102	0	3,692	0	65.00
66.00	06600	PHYSICAL THERAPY	0	775	0	4,051	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,248	0	12,353	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	80,953	0	1,983	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	152,928	0	6,542	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	149,447	23,487	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	864	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	847	30	0	72	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	25,061	19,316	0	24,653	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,565	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	142,561	410,126	149,447	213,016	14,956	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	46	0	0	0	194.01
194.02	07952	MARKETING	0	713	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	142,561	410,886	149,447	213,016	14,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B Part II | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,526,759	0	3,526,759		30.00
31.00	03100	INTENSIVE CARE UNIT	649,168	0	649,168		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
43.00	04300	NURSERY	117,002	0	117,002		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,130,219	0	1,130,219		50.00
51.00	05100	RECOVERY ROOM	166,209	0	166,209		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	367,985	0	367,985		52.00
53.00	05300	ANESTHESIOLOGY	42,069	0	42,069		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,084,569	0	1,084,569		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	523,518	0	523,518		60.00
65.00	06500	RESPIRATORY THERAPY	151,297	0	151,297		65.00
66.00	06600	PHYSICAL THERAPY	416,620	0	416,620		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	256,488	0	256,488		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,064	0	119,064		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	224,732	0	224,732		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,547	0	241,547		73.00
74.00	07400	RENAL DIALYSIS	10,648	0	10,648		74.00
76.00	03020	CARDIAC REHAB	0	0	0		76.00
76.02	03951	GUIDANCE	3,775	0	3,775		76.02
76.03	03952	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	969,076	0	969,076		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	4,129	0	4,129		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,004,874	0	10,004,874		118.00
		NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	905	0	905		192.00
194.00	07950	CLINIC CORPORATION	0	0	0		194.00
194.01	07951	SENIOR CIRCLE	7,876	0	7,876		194.01
194.02	07952	MARKETING	18,251	0	18,251		194.02
194.03	07953	VISTA MEDICAL CENTER WEST	2,306	0	2,306		194.03
194.04	07954	ABBOTT RESEARCH	433,234	0	433,234		194.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	10,467,446	0	10,467,446		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B-1 | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	486,968					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		463,820				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,490	7,490	52,381,633			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,594	56,594	4,800,082	-23,727,766	109,178,970	5.00
7.00	00700	OPERATION OF PLANT	137,214	137,214	779,922	0	7,042,286	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,395	8,395	0	0	1,218,383	8.00
9.00	00900	HOUSEKEEPING	4,591	4,591	0	0	1,790,181	9.00
10.00	01000	DIETARY	14,861	14,861	0	0	3,760,475	10.00
13.00	01300	NURSING ADMINISTRATION	2,520	2,520	2,750,792	0	4,174,279	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,428	11,428	444,120	0	1,273,777	14.00
15.00	01500	PHARMACY	3,361	3,361	1,674,105	0	2,427,745	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	5,339	882,348	0	2,512,653	16.00
17.00	01700	SOCIAL SERVICE	438	438	1,452	0	11,405	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,951	76,951	10,905,386	0	16,048,315	30.00
31.00	03100	INTENSIVE CARE UNIT	13,763	13,763	3,775,821	0	5,387,974	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,515	2,515	949,567	0	1,407,130	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,968	26,968	3,110,727	0	6,419,499	50.00
51.00	05100	RECOVERY ROOM	3,302	3,302	1,625,507	0	2,075,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	8,544	1,307,839	0	2,049,838	52.00
53.00	05300	ANESTHESIOLOGY	901	901	37,822	0	313,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,109	26,109	5,160,053	0	9,013,143	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,786	10,786	3,390,530	0	8,443,547	60.00
65.00	06500	RESPIRATORY THERAPY	3,617	3,617	936,184	0	1,410,115	65.00
66.00	06600	PHYSICAL THERAPY	10,743	10,743	2,509,717	0	3,465,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,535	5,535	1,731,479	0	3,009,744	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,104,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,607,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,895,120	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	840,594	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	157,596	0	199,856	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	21,652	21,652	4,664,296	0	8,228,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	276,092	0	145,021	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	463,617	463,617	51,871,437	-23,727,766	107,275,137	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	57,552	0	61,936	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	203	203	5,964	0	81,037	194.01
194.02	07952	MARKETING	0	0	306,611	0	1,423,227	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	140,069	0	159,972	194.03
194.04	07954	ABBOTT RESEARCH	23,148	0	0	0	177,661	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,737,485	6,729,961	7,443,144		23,727,766	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.675011	14.509855	0.142095		0.217329	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			166,165		1,270,757	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003172		0.011639	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B-1 | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS G HR)	
			7.00	8.00	9.00	10.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	285,670					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,395	1,277,808				8.00
9.00	00900	HOUSEKEEPING	4,591	0	249,536			9.00
10.00	01000	DIETARY	14,861	0	14,861	112,364		10.00
13.00	01300	NURSING ADMINISTRATION	2,520	0	2,520	0	26,534,561	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,428	35,173	11,428	0	0	14.00
15.00	01500	PHARMACY	3,361	0	3,361	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	0	5,339	0	0	16.00
17.00	01700	SOCIAL SERVICE	438	0	438	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,951	520,633	76,951	97,003	10,905,386	30.00
31.00	03100	INTENSIVE CARE UNIT	13,763	107,983	13,763	9,560	3,775,821	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,515	13,396	2,515	0	949,566	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,968	116,673	26,968	8	3,110,727	50.00
51.00	05100	RECOVERY ROOM	3,302	50,993	3,302	39	1,625,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	114,381	8,544	2,324	1,307,840	52.00
53.00	05300	ANESTHESIOLOGY	901	0	901	0	37,822	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,109	95,437	26,109	367	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	10,786	0	10,786	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,617	3,317	3,617	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,743	286	10,743	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,535	23,433	5,535	567	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	157,596	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	21,652	196,103	21,652	2,496	4,664,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	262,319	1,277,808	249,333	112,364	26,534,561	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	203	0	203	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0	194.03
194.04	07954	ABBOTT RESEARCH	23,148	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,572,779	1,735,102	2,317,012	5,161,693	5,180,494	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.009378	1.357874	9.285281	45.937249	0.195236	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,128,511	292,361	172,965	546,508	142,561	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.951486	0.228799	0.693146	4.863729	0.005373	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet B-1 | Date/Time Prepared: 4/23/2017 10:37 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (TOTAL SUPP LIE)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PT. DAYS & OP OB)		
			14.00	15.00	16.00	17.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,065,170					14.00
15.00	01500	PHARMACY	79,844	5,898,678				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,068	0	1,272,011,115			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	44,734		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	771,093	0	116,212,327	36,486		30.00
31.00	03100	INTENSIVE CARE UNIT	413,114	0	26,208,851	5,237		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	88,720	0	5,609,999	3,011		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,815,972	0	241,576,809	0		50.00
51.00	05100	RECOVERY ROOM	25,788	0	23,344,509	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	188,996	0	7,700,621	0		52.00
53.00	05300	ANESTHESIOLOGY	237,469	0	6,806,952	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	471,498	0	257,323,488	0		54.00
54.01	05401	ULTRASOUND	0	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
60.00	06000	LABORATORY	1,071,834	0	121,981,711	0		60.00
65.00	06500	RESPIRATORY THERAPY	187,066	0	22,109,328	0		65.00
66.00	06600	PHYSICAL THERAPY	28,413	0	24,256,977	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	302,423	0	73,968,733	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,968,156	0	11,876,272	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,607,188	0	39,172,576	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,898,678	140,638,044	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	5,170,969	0		74.00
76.00	03020	CARDIAC REHAB	0	0	0	0		76.00
76.02	03951	GUIDANCE	1,090	0	429,687	0		76.02
76.03	03952	WOUND CARE	0	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
91.00	09100	EMERGENCY	708,213	0	147,623,262	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	57,380	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,037,325	5,898,678	1,272,011,115	44,734		118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32	0	0	0		192.00
194.00	07950	CLINIC CORPORATION	0	0	0	0		194.00
194.01	07951	SENIOR CIRCLE	1,677	0	0	0		194.01
194.02	07952	MARKETING	26,136	0	0	0		194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0		194.03
194.04	07954	ABBOTT RESEARCH	0	0	0	0		194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,047,426	3,098,285	3,270,295	31,095		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.135905	0.525251	0.002571	0.695109		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	410,886	149,447	213,016	14,956		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.027274	0.025336	0.000167	0.334332		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part I Date/Time Prepared: 4/23/2017 10:37 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,280,918		30,280,918	0	30,280,918	30.00
31.00	03100	INTENSIVE CARE UNIT	8,549,879		8,549,879	0	8,549,879	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,043,918		2,043,918	0	2,043,918	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,508,354		10,508,354	0	10,508,354	50.00
51.00	05100	RECOVERY ROOM	3,107,922		3,107,922	0	3,107,922	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,393,954		3,393,954	0	3,393,954	52.00
53.00	05300	ANESTHESIOLOGY	474,535		474,535	0	474,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,869,965		12,869,965	0	12,869,965	54.00
54.01	05401	ULTRASOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	11,161,690		11,161,690	0	11,161,690	60.00
65.00	06500	RESPIRATORY THERAPY	1,945,473	0	1,945,473	0	1,945,473	65.00
66.00	06600	PHYSICAL THERAPY	4,707,705	0	4,707,705	0	4,707,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,170,485		4,170,485	0	4,170,485	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,212,526		4,212,526	0	4,212,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,546		7,688,546	0	7,688,546	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,636,166		10,636,166	0	10,636,166	73.00
74.00	07400	RENAL DIALYSIS	1,036,574		1,036,574	0	1,036,574	74.00
76.00	03020	CARDIAC REHAB	0		0	0	0	76.00
76.02	03951	GUIDANCE	275,312		275,312	0	275,312	76.02
76.03	03952	WOUND CARE	0		0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
91.00	09100	EMERGENCY	12,634,468		12,634,468	0	12,634,468	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,192,646		2,192,646		2,192,646	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	184,336		184,336	0	184,336	95.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	132,075,372	0	132,075,372	0	132,075,372	200.00
201.00		Less Observation Beds	2,192,646		2,192,646		2,192,646	201.00
202.00		Total (see instructions)	129,882,726	0	129,882,726	0	129,882,726	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part I Date/Time Prepared: 4/23/2017 10:37 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	107,575,798		107,575,798			30.00
31.00	03100	INTENSIVE CARE UNIT	26,208,851		26,208,851			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	5,609,999		5,609,999			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	142,356,544	99,220,265	241,576,809	0.043499	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,854,870	13,489,639	23,344,509	0.133133	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,910,299	790,322	7,700,621	0.440738	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,266,949	2,540,003	6,806,952	0.069713	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,895,080	187,428,408	257,323,488	0.050015	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	64,664,328	57,317,383	121,981,711	0.091503	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	20,060,721	2,048,607	22,109,328	0.087993	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,661,564	14,595,413	24,256,977	0.194076	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	47,036,083	26,932,650	73,968,733	0.056382	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,694,744	4,181,528	11,876,272	0.354701	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,781,100	9,391,476	39,172,576	0.196274	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,385,734	37,252,310	140,638,044	0.075628	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,038,451	132,518	5,170,969	0.200460	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.02	03951	GUIDANCE	113,064	316,623	429,687	0.640727	0.000000	76.02
76.03	03952	WOUND CARE	0	0	0	0.000000	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
91.00	09100	EMERGENCY	39,763,192	107,860,070	147,623,262	0.085586	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,382,462	6,254,067	8,636,529	0.253880	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	702,259,833	569,751,282	1,272,011,115			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	702,259,833	569,751,282	1,272,011,115			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part I Date/Time Prepared: 4/23/2017 10:37 am

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.043499	50.00
51.00	05100	RECOVERY ROOM	0.133133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.440738	52.00
53.00	05300	ANESTHESIOLOGY	0.069713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.050015	54.00
54.01	05401	ULTRASOUND	0.000000	54.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
60.00	06000	LABORATORY	0.091503	60.00
65.00	06500	RESPIRATORY THERAPY	0.087993	65.00
66.00	06600	PHYSICAL THERAPY	0.194076	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056382	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.075628	73.00
74.00	07400	RENAL DIALYSIS	0.200460	74.00
76.00	03020	CARDIAC REHAB	0.000000	76.00
76.02	03951	GUIDANCE	0.640727	76.02
76.03	03952	WOUND CARE	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
91.00	09100	EMERGENCY	0.085586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.253880	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part I Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,280,918		30,280,918	0	30,280,918	30.00
31.00	03100	INTENSIVE CARE UNIT	8,549,879		8,549,879	0	8,549,879	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,043,918		2,043,918	0	2,043,918	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,508,354		10,508,354	0	10,508,354	50.00
51.00	05100	RECOVERY ROOM	3,107,922		3,107,922	0	3,107,922	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,393,954		3,393,954	0	3,393,954	52.00
53.00	05300	ANESTHESIOLOGY	474,535		474,535	0	474,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,869,965		12,869,965	0	12,869,965	54.00
54.01	05401	ULTRASOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	11,161,690		11,161,690	0	11,161,690	60.00
65.00	06500	RESPIRATORY THERAPY	1,945,473	0	1,945,473	0	1,945,473	65.00
66.00	06600	PHYSICAL THERAPY	4,707,705	0	4,707,705	0	4,707,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,170,485		4,170,485	0	4,170,485	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,212,526		4,212,526	0	4,212,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,546		7,688,546	0	7,688,546	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,636,166		10,636,166	0	10,636,166	73.00
74.00	07400	RENAL DIALYSIS	1,036,574		1,036,574	0	1,036,574	74.00
76.00	03020	CARDIAC REHAB	0		0	0	0	76.00
76.02	03951	GUIDANCE	275,312		275,312	0	275,312	76.02
76.03	03952	WOUND CARE	0		0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
91.00	09100	EMERGENCY	12,634,468		12,634,468	0	12,634,468	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,192,646		2,192,646		2,192,646	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	184,336		184,336	0	184,336	95.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	132,075,372	0	132,075,372	0	132,075,372	200.00
201.00		Less Observation Beds	2,192,646		2,192,646		2,192,646	201.00
202.00		Total (see instructions)	129,882,726	0	129,882,726	0	129,882,726	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part I Date/Time Prepared: 4/23/2017 10:37 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	107,575,798		107,575,798			30.00
31.00	03100	INTENSIVE CARE UNIT	26,208,851		26,208,851			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	5,609,999		5,609,999			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	142,356,544	99,220,265	241,576,809	0.043499	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,854,870	13,489,639	23,344,509	0.133133	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,910,299	790,322	7,700,621	0.440738	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,266,949	2,540,003	6,806,952	0.069713	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,895,080	187,428,408	257,323,488	0.050015	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	64,664,328	57,317,383	121,981,711	0.091503	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	20,060,721	2,048,607	22,109,328	0.087993	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,661,564	14,595,413	24,256,977	0.194076	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	47,036,083	26,932,650	73,968,733	0.056382	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,694,744	4,181,528	11,876,272	0.354701	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,781,100	9,391,476	39,172,576	0.196274	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,385,734	37,252,310	140,638,044	0.075628	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,038,451	132,518	5,170,969	0.200460	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.02	03951	GUIDANCE	113,064	316,623	429,687	0.640727	0.000000	76.02
76.03	03952	WOUND CARE	0	0	0	0.000000	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
91.00	09100	EMERGENCY	39,763,192	107,860,070	147,623,262	0.085586	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,382,462	6,254,067	8,636,529	0.253880	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	702,259,833	569,751,282	1,272,011,115			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	702,259,833	569,751,282	1,272,011,115			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part I Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.043499		50.00
51.00	05100	RECOVERY ROOM	0.133133		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.440738		52.00
53.00	05300	ANESTHESIOLOGY	0.069713		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.050015		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.091503		60.00
65.00	06500	RESPIRATORY THERAPY	0.087993		65.00
66.00	06600	PHYSICAL THERAPY	0.194076		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.056382		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354701		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196274		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.075628		73.00
74.00	07400	RENAL DIALYSIS	0.200460		74.00
76.00	03020	CARDIAC REHAB	0.000000		76.00
76.02	03951	GUIDANCE	0.640727		76.02
76.03	03952	WOUND CARE	0.000000		76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.085586		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.253880		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part II Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,508,354	1,130,219	9,378,135	0	0	50.00
51.00	05100	RECOVERY ROOM	3,107,922	166,209	2,941,713	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,393,954	367,985	3,025,969	0	0	52.00
53.00	05300	ANESTHESIOLOGY	474,535	42,069	432,466	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,869,965	1,084,569	11,785,396	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	11,161,690	523,518	10,638,172	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,945,473	151,297	1,794,176	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,707,705	416,620	4,291,085	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,170,485	256,488	3,913,997	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,212,526	119,064	4,093,462	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,546	224,732	7,463,814	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,636,166	241,547	10,394,619	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,036,574	10,648	1,025,926	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	275,312	3,775	271,537	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	12,634,468	969,076	11,665,392	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,192,646	255,373	1,937,273	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	184,336	4,129	180,207	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	91,200,657	5,967,318	85,233,339	0	0	200.00
201.00		Less Observation Beds	2,192,646	255,373	1,937,273	0	0	201.00
202.00		Total (line 200 minus line 201)	89,008,011	5,711,945	83,296,066	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet C Part II Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,508,354	241,576,809	0.043499		50.00
51.00	05100	RECOVERY ROOM	3,107,922	23,344,509	0.133133		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,393,954	7,700,621	0.440738		52.00
53.00	05300	ANESTHESIOLOGY	474,535	6,806,952	0.069713		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,869,965	257,323,488	0.050015		54.00
54.01	05401	ULTRASOUND	0	0	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MRI	0	0	0.000000		58.00
60.00	06000	LABORATORY	11,161,690	121,981,711	0.091503		60.00
65.00	06500	RESPIRATORY THERAPY	1,945,473	22,109,328	0.087993		65.00
66.00	06600	PHYSICAL THERAPY	4,707,705	24,256,977	0.194076		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,170,485	73,968,733	0.056382		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,212,526	11,876,272	0.354701		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,688,546	39,172,576	0.196274		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,636,166	140,638,044	0.075628		73.00
74.00	07400	RENAL DIALYSIS	1,036,574	5,170,969	0.200460		74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000		76.00
76.02	03951	GUIDANCE	275,312	429,687	0.640727		76.02
76.03	03952	WOUND CARE	0	0	0.000000		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
91.00	09100	EMERGENCY	12,634,468	147,623,262	0.085586		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,192,646	8,636,529	0.253880		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	184,336	0	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
		SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	91,200,657	1,132,616,467			200.00
201.00		Less Observation Beds	2,192,646	0			201.00
202.00		Total (line 200 minus line 201)	89,008,011	1,132,616,467			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part I Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,526,759	0	3,526,759	38,931	90.59	30.00
31.00	INTENSIVE CARE UNIT	649,168		649,168	5,237	123.96	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	117,002		117,002	3,011	38.86	43.00
200.00	Total (lines 30-199)	4,292,929		4,292,929	47,179		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	14,980	1,357,038	30.00
31.00	INTENSIVE CARE UNIT	2,287	283,497	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	17,267	1,640,535	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part II Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,130,219	241,576,809	0.004679	52,405,533	245,205	50.00
51.00	05100	RECOVERY ROOM	166,209	23,344,509	0.007120	2,823,115	20,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	367,985	7,700,621	0.047786	56,768	2,713	52.00
53.00	05300	ANESTHESIOLOGY	42,069	6,806,952	0.006180	1,179,819	7,291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,084,569	257,323,488	0.004215	30,557,900	128,802	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	523,518	121,981,711	0.004292	27,184,632	116,676	60.00
65.00	06500	RESPIRATORY THERAPY	151,297	22,109,328	0.006843	9,900,247	67,747	65.00
66.00	06600	PHYSICAL THERAPY	416,620	24,256,977	0.017175	4,881,169	83,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	256,488	73,968,733	0.003468	19,363,094	67,151	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,064	11,876,272	0.010025	2,449,725	24,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	224,732	39,172,576	0.005737	13,302,283	76,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,547	140,638,044	0.001718	41,220,566	70,817	73.00
74.00	07400	RENAL DIALYSIS	10,648	5,170,969	0.002059	2,917,348	6,007	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.02	03951	GUIDANCE	3,775	429,687	0.008785	11,518	101	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
91.00	09100	EMERGENCY	969,076	147,623,262	0.006565	15,557,527	102,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	255,373	8,636,529	0.029569	761,628	22,521	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,963,189	1,132,616,467		224,572,872	1,041,974	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part III Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,931	0.00	14,980	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,237	0.00	2,287	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	3,011	0.00	0	0		43.00
200.00		Total (lines 30-199)	47,179		17,267	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part IV | Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part IV | Date/Time Prepared: 4/23/2017 10:37 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	241,576,809	0.000000	0.000000	52,405,533	50.00
51.00	05100	RECOVERY ROOM	0	23,344,509	0.000000	0.000000	2,823,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,700,621	0.000000	0.000000	56,768	52.00
53.00	05300	ANESTHESIOLOGY	0	6,806,952	0.000000	0.000000	1,179,819	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	257,323,488	0.000000	0.000000	30,557,900	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	121,981,711	0.000000	0.000000	27,184,632	60.00
65.00	06500	RESPIRATORY THERAPY	0	22,109,328	0.000000	0.000000	9,900,247	65.00
66.00	06600	PHYSICAL THERAPY	0	24,256,977	0.000000	0.000000	4,881,169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	73,968,733	0.000000	0.000000	19,363,094	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,876,272	0.000000	0.000000	2,449,725	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,172,576	0.000000	0.000000	13,302,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	140,638,044	0.000000	0.000000	41,220,566	73.00
74.00	07400	RENAL DIALYSIS	0	5,170,969	0.000000	0.000000	2,917,348	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.02	03951	GUIDANCE	0	429,687	0.000000	0.000000	11,518	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
91.00	09100	EMERGENCY	0	147,623,262	0.000000	0.000000	15,557,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,636,529	0.000000	0.000000	761,628	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	1,132,616,467			224,572,872	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part IV Date/Time Prepared: 4/23/2017 10:37 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	26,330,002	0		50.00
51.00	05100	RECOVERY ROOM	0	2,928,710	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	63,252	0		52.00
53.00	05300	ANESTHESIOLOGY	0	495,141	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,400,643	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	6,048,913	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	603,415	0		65.00
66.00	06600	PHYSICAL THERAPY	0	33,872	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,330,858	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	820,804	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,839,775	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,256,867	0		73.00
74.00	07400	RENAL DIALYSIS	0	121,953	0		74.00
76.00	03020	CARDIAC REHAB	0	0	0		76.00
76.02	03951	GUIDANCE	0	12,112	0		76.02
76.03	03952	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	0	12,847,997	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,383,524	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	116,517,838	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part V Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.043499	26,330,002	0	0	1,145,329	50.00
51.00	05100	RECOVERY ROOM	0.133133	2,928,710	0	0	389,908	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.440738	63,252	0	0	27,878	52.00
53.00	05300	ANESTHESIOLOGY	0.069713	495,141	0	0	34,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.050015	40,400,643	0	0	2,020,638	54.00
54.01	05401	ULTRASOUND	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.091503	6,048,913	1,003	0	553,494	60.00
65.00	06500	RESPIRATORY THERAPY	0.087993	603,415	0	0	53,096	65.00
66.00	06600	PHYSICAL THERAPY	0.194076	33,872	0	0	6,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056382	8,330,858	0	0	469,710	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354701	820,804	0	0	291,140	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196274	3,839,775	0	0	753,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.075628	12,256,867	0	112,409	926,962	73.00
74.00	07400	RENAL DIALYSIS	0.200460	121,953	0	0	24,447	74.00
76.00	03020	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.02	03951	GUIDANCE	0.640727	12,112	0	0	7,760	76.02
76.03	03952	WOUND CARE	0.000000	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
91.00	09100	EMERGENCY	0.085586	12,847,997	0	0	1,099,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.253880	1,383,524	0	0	351,249	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		116,517,838	1,003	112,409	8,155,960	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		116,517,838	1,003	112,409	8,155,960	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part V Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	92	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,501		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	CARDIAC REHAB	0	0		76.00
76.02	03951	GUIDANCE	0	0		76.02
76.03	03952	WOUND CARE	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	92	8,501		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	92	8,501		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part I Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,526,759	0	3,526,759	38,931	90.59	30.00
31.00	INTENSIVE CARE UNIT	649,168		649,168	5,237	123.96	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	117,002		117,002	3,011	38.86	43.00
200.00	Total (lines 30-199)	4,292,929		4,292,929	47,179		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	1,959	177,466	30.00
31.00	INTENSIVE CARE UNIT	203	25,164	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	2,538	98,627	43.00
200.00	Total (lines 30-199)	4,700	301,257	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part II Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,130,219	241,576,809	0.004679	0	0	50.00
51.00	05100	RECOVERY ROOM	166,209	23,344,509	0.007120	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	367,985	7,700,621	0.047786	0	0	52.00
53.00	05300	ANESTHESIOLOGY	42,069	6,806,952	0.006180	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,084,569	257,323,488	0.004215	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	523,518	121,981,711	0.004292	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	151,297	22,109,328	0.006843	0	0	65.00
66.00	06600	PHYSICAL THERAPY	416,620	24,256,977	0.017175	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	256,488	73,968,733	0.003468	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,064	11,876,272	0.010025	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	224,732	39,172,576	0.005737	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,547	140,638,044	0.001718	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,648	5,170,969	0.002059	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.02	03951	GUIDANCE	3,775	429,687	0.008785	0	0	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
91.00	09100	EMERGENCY	969,076	147,623,262	0.006565	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	255,373	8,636,529	0.029569	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,963,189	1,132,616,467		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part III Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,931	0.00	1,959	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,237	0.00	203	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	3,011	0.00	2,538	0		43.00
200.00		Total (lines 30-199)	47,179		4,700	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part IV | Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.02	03951	GUIDANCE	0	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part IV | Date/Time Prepared: 4/23/2017 10:37 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	241,576,809	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	23,344,509	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,700,621	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,806,952	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	257,323,488	0.000000	0.000000	0	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	121,981,711	0.000000	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	22,109,328	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	24,256,977	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	73,968,733	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,876,272	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,172,576	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	140,638,044	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,170,969	0.000000	0.000000	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.02	03951	GUIDANCE	0	429,687	0.000000	0.000000	0	76.02
76.03	03952	WOUND CARE	0	0	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
91.00	09100	EMERGENCY	0	147,623,262	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,636,529	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	1,132,616,467			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D Part IV Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	CARDIAC REHAB	0	0	0		76.00
76.02	03951	GUIDANCE	0	0	0		76.02
76.03	03952	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D-1 | Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	38,931	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,931	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	36,112	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	14,980	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	30,280,918	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	30,280,918	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	30,280,918	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	777.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,651,594	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	11,651,594	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D-1 | Date/Time Prepared: 4/23/2017 10:37 am

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	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,549,879	5,237	1,632.59	2,287	3,733,733	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	18,403,037	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	33,788,364	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,640,535	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,041,974	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,682,509	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	31,105,855	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,819	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	777.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,192,646	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D-1 | Date/Time Prepared: 4/23/2017 10:37 am

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	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,526,759	30,280,918	0.116468	2,192,646	255,373	90.00
91.00	Nursing School cost	0	30,280,918	0.000000	2,192,646	0	91.00
92.00	Allied health cost	0	30,280,918	0.000000	2,192,646	0	92.00
93.00	All other Medical Education	0	30,280,918	0.000000	2,192,646	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D-1 | Date/Time Prepared: 4/23/2017 10:37 am

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	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	38,931	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,931	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	36,112	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,959	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	3,011	15.00
16.00	Nursery days (title V or XIX only)	2,538	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	30,280,918	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	30,280,918	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	30,280,918	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	777.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,523,730	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,523,730	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D-1 | Date/Time Prepared: 4/23/2017 10:37 am

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	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,043,918	3,011	678.82	2,538	1,722,845	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,549,879	5,237	1,632.59	203	331,416	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,577,991	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	301,257	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	301,257	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,276,734	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,819	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	777.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,192,646	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D-1 | Date/Time Prepared: 4/23/2017 10:37 am

Title XIX | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,526,759	30,280,918	0.116468	2,192,646	255,373	90.00
91.00	Nursing School cost	0	30,280,918	0.000000	2,192,646	0	91.00
92.00	Allied health cost	0	30,280,918	0.000000	2,192,646	0	92.00
93.00	All other Medical Education	0	30,280,918	0.000000	2,192,646	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet D-3 | Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		45,456,696		30.00
31.00	03100	INTENSIVE CARE UNIT		11,436,566		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.043499	52,405,533	2,279,588	50.00
51.00	05100	RECOVERY ROOM	0.133133	2,823,115	375,850	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.440738	56,768	25,020	52.00
53.00	05300	ANESTHESIOLOGY	0.069713	1,179,819	82,249	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.050015	30,557,900	1,528,353	54.00
54.01	05401	ULTRASOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.091503	27,184,632	2,487,475	60.00
65.00	06500	RESPIRATORY THERAPY	0.087993	9,900,247	871,152	65.00
66.00	06600	PHYSICAL THERAPY	0.194076	4,881,169	947,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056382	19,363,094	1,091,730	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354701	2,449,725	868,920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196274	13,302,283	2,610,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.075628	41,220,566	3,117,429	73.00
74.00	07400	RENAL DIALYSIS	0.200460	2,917,348	584,812	74.00
76.00	03020	CARDIAC REHAB	0.000000	0	0	76.00
76.02	03951	GUIDANCE	0.640727	11,518	7,380	76.02
76.03	03952	WOUND CARE	0.000000	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.085586	15,557,527	1,331,507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.253880	761,628	193,362	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		224,572,872	18,403,037	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		224,572,872		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet E Part A Date/Time Prepared: 4/23/2017 10:37 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	24,658,089	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	4,931,618	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions)	460,358	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	5,262,893	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	182.30	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)	31.46	31.00
32.00	Sum of lines 30 and 31	37.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)	20.48	33.00
34.00	Disproportionate share adjustment (see instructions)	1,514,993	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet E Part A Date/Time Prepared: 4/23/2017 10:37 am
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		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000356270	0.000363935	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,282,319	2,175,413	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,901,932	363,562	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,265,494		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	33,830,552		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		33,830,552	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,624,827	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		567	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		36,455,946	59.00
60.00	Primary payer payments		67,483	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		36,388,463	61.00
62.00	Deductibles billed to program beneficiaries		3,143,840	62.00
63.00	Coinsurance billed to program beneficiaries		81,004	63.00
64.00	Allowable bad debts (see instructions)		1,012,951	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		658,418	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		607,514	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,822,037	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-149,182	70.93
70.94	HRR adjustment amount (see instructions)		-153,352	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet E Part A Date/Time Prepared: 4/23/2017 10:37 am
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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		302,530	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,216,973	71.00
71.01	Sequestration adjustment (see instructions)		664,339	71.01
72.00	Interim payments		32,342,807	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		209,827	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,906,311	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/23/2017 10:37 am

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,658,089	24,658,089		24,658,089	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,931,618		4,931,618	4,931,618	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	460,358	460,358	0	460,358	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,262,893	4,385,744	877,149	5,262,893	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2048	0.2048	0.2048		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,514,993	1,262,494	252,499	1,514,993	11.00
11.01	Uncompensated care payments	36.00	2,265,494	1,901,932	363,562	2,265,494	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,830,552	28,282,873	5,547,679	33,830,552	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	33,830,552	28,282,873	5,547,679	33,830,552	15.00
16.00	Payment for inpatient program capital	50.00	2,624,827	2,228,668	396,159	2,624,827	16.00
17.00	Special add-on payments for new technologies	54.00	567	472	95	567	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			30,512,013	5,943,933	36,455,946	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 4/23/2017 10:37 am

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,376,610	2,020,733	355,877	2,376,610	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	58,801	46,882	11,919	58,801	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0797	0.0797	0.0797		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	189,416	161,053	28,363	189,416	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,624,827	2,228,668	396,159	2,624,827	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-149,182	-126,133	-23,049	-149,182	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-153,352	-132,911	-20,441	-153,352	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		302,530	0	302,530	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet E Part B Date/Time Prepared: 4/23/2017 10:37 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,593	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	8,155,960	2.00
3.00	PPS payments	9,730,357	3.00
4.00	Outlier payment (see instructions)	15,232	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	8,593	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	113,412	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	113,412	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	113,412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	104,819	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	8,593	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	9,745,589	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	295	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,009,626	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	7,744,261	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	7,744,261	30.00
31.00	Primary payer payments	7,213	31.00
32.00	Subtotal (line 30 minus line 31)	7,737,048	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	620,334	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	403,217	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	459,847	36.00
37.00	Subtotal (see instructions)	8,140,265	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-111	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	8,140,376	40.00
40.01	Sequestration adjustment (see instructions)	162,808	40.01
41.00	Interim payments	8,102,355	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-124,787	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet E-1 Part I | Date/Time Prepared: 4/23/2017 10:37 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		32,263,307		8,074,955	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	07/08/2016	79,500	07/08/2016	27,400	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		79,500		27,400	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		32,342,807		8,102,355	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		209,827		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		124,787	6.02
7.00	Total Medicare program liability (see instructions)		32,552,634		7,977,568	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet E-1 Part II Date/Time Prepared: 4/23/2017 10:37 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	10,725	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	17,267	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,252	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	41,349	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,272,011,115	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	7,962,505	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet G | Date/Time Prepared: 4/23/2017 10:37 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-383,004	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	51,289,529	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,235,052	0	0	0	6.00
7.00	Inventory	4,107,783	0	0	0	7.00
8.00	Prepaid expenses	864,362	0	0	0	8.00
9.00	Other current assets	639,222	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,282,840	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	11,309,704	0	0	0	12.00
13.00	Land improvements	2,581,275	0	0	0	13.00
14.00	Accumulated depreciation	-1,317,188	0	0	0	14.00
15.00	Buildings	54,506,185	0	0	0	15.00
16.00	Accumulated depreciation	-13,560,835	0	0	0	16.00
17.00	Leasehold improvements	23,296,159	0	0	0	17.00
18.00	Accumulated depreciation	-7,873,854	0	0	0	18.00
19.00	Fixed equipment	4,893,460	0	0	0	19.00
20.00	Accumulated depreciation	-2,873,543	0	0	0	20.00
21.00	Automobiles and trucks	159,270	0	0	0	21.00
22.00	Accumulated depreciation	-124,453	0	0	0	22.00
23.00	Major movable equipment	26,907,656	0	0	0	23.00
24.00	Accumulated depreciation	-23,367,330	0	0	0	24.00
25.00	Minor equipment depreciable	18,301,170	0	0	0	25.00
26.00	Accumulated depreciation	-15,576,954	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	77,260,722	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,157,112	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,157,112	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	125,700,674	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	27,419,155	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,811,488	0	0	0	38.00
39.00	Payroll taxes payable	658,191	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	-3,443,966	0	0	0	43.00
44.00	Other current liabilities	3,333,758	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,778,626	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,778,626	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	91,922,048				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	91,922,048	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	125,700,674	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet G-1 | Date/Time Prepared: 4/23/2017 10:37 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		96,733,811		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-4,811,760				2.00
3.00	Total (sum of line 1 and line 2)		91,922,051		0		3.00
4.00		0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		91,922,051		0		11.00
12.00	ROUNDING	3		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		91,922,048		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ROUNDING		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0084 | Period: From 12/01/2015 To 11/30/2016 | Worksheet G-2 Parts I & II | Date/Time Prepared: 4/23/2017 10:37 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	113,185,797		113,185,797	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	113,185,797		113,185,797	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	26,208,851		26,208,851	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,208,851		26,208,851	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	139,394,648		139,394,648	17.00
18.00	Ancillary services	520,719,531	455,637,145	976,356,676	18.00
19.00	Outpatient services	42,145,654	114,114,137	156,259,791	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	702,259,833	569,751,282	1,272,011,115	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		160,286,422		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		160,286,422		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet G-3 Date/Time Prepared: 4/23/2017 10:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,272,011,115	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,117,321,612	2.00
3.00	Net patient revenues (line 1 minus line 2)	154,689,503	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	160,286,422	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,596,919	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	785,159	24.00
25.00	Total other income (sum of lines 6-24)	785,159	25.00
26.00	Total (line 5 plus line 25)	-4,811,760	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,811,760	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0084	Period: From 12/01/2015 To 11/30/2016	Worksheet L Parts I-III Date/Time Prepared: 4/23/2017 10:37 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,376,610	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	58,801	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	114.00	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	31.46	8.00
9.00	Sum of lines 7 and 8	37.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.97	10.00
11.00	Disproportionate share adjustment (see instructions)	189,416	11.00
12.00	Total prospective capital payments (see instructions)	2,624,827	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00